

KIWANIS MEMBERSHIP INFORMATION



First Name _____ Last Nm _____ Nickname _____ Gender _____

Home Address _____

Home Phone _____ City _____ State/Province _____ Zip/Postal Code _____
 Spouse's Name _____

Company Name _____ Title _____

Business Address _____

Business Phone _____ Fax Number _____ Email Address _____

Send Kiwanis Mail to: Home Work
 If you are a former Kiwanian: Club Name _____ Date Left (mo/day/yr) _____
 Length of Membership _____ If you are a life member, life Mbr # _____

Date of Birth: _____ I accept this application for membership and agree to conform to the bylaws of this club
 (mo/day/yr) and comply with the obligations of membership as explained to me by my sponsor.

Committee Preference
 Club Administration Date _____ Applicant Signature: _____
 Community Service

CHECK ONE BLOCK PER CATEGORY											
PRIMARY EMPLOYMENT			JOB CLASSIFIC		EDUCATION ATTAINED						
Codes			Codes		Codes						
1	<input type="checkbox"/>	Banking/Finar	17	<input type="checkbox"/>	Medical	N.	<input type="checkbox"/>	Eleccted	A.	<input type="checkbox"/>	Grade School
3	<input type="checkbox"/>	Comm/Media	19	<input type="checkbox"/>	Nonprofit	O.	<input type="checkbox"/>	Managem	B.	<input type="checkbox"/>	High School
5	<input type="checkbox"/>	Construction	21	<input type="checkbox"/>	Real Estate	P.	<input type="checkbox"/>	Partner/O	C.	<input type="checkbox"/>	Tech.Business School
7	<input type="checkbox"/>	Education	23	<input type="checkbox"/>	Religion	Q.	<input type="checkbox"/>	Professio	D.	<input type="checkbox"/>	Assoc. Degree (2 yrs)
9	<input type="checkbox"/>	Govenment	25	<input type="checkbox"/>	Retail	R.	<input type="checkbox"/>	Sales	E.	<input type="checkbox"/>	Baccalaureate Degree (4yr)
11	<input type="checkbox"/>	Legal	27	<input type="checkbox"/>	Transbortation	S.	<input type="checkbox"/>	Supervisio	F.	<input type="checkbox"/>	Master's Degree
13	<input type="checkbox"/>	Manufact.(He	29	<input type="checkbox"/>	Wholesale	T.	<input type="checkbox"/>	Technical	G.	<input type="checkbox"/>	Grad. Prof. Degree
15	<input type="checkbox"/>	Manufact.(Lig	94	<input type="checkbox"/>	Other	V.	<input type="checkbox"/>	Retired			
						X.	<input type="checkbox"/>	Other			

Note: for membership statistics only. Kiwanis International does not provide its membership information to third parties.

Receipt Date _____
 (mo/day/yr)

Received of _____ \$ _____ Cash or Check

For _____

Received by _____



New Member Sponsor

To the Board of Directors of the Kiwanis Club of
I take pride in proposing _____
as an active member of the club and have confidence that this individual will become a valuable member.

Date: _____
(mo/day/yr)

Sponsor Name: _____

Sponsor Signature: _____ Additional Club Member _____

Recommended by Membership Committee

Date: _____
(mo/day/yr)

Chairman Signature: _____

Membership Class: _____

Suggested Classification: _____

Elected to Membership by Board of Directors

Date: _____
(mo/day/yr)

Secretary Signature: _____

Member Accomplishments

Total Years of Perfect Attendance _____

Offices Held: _____

Awards: _____
